

**Montana Medicaid – Fee Schedule
Home Infusion Therapy
July 1, 2012**

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

SH = second concurrently administered therapy. Allowable amount is 80% of base fee.

SJ = third or more concurrently administered therapy. Allowable amount is 75% of base fee.

Space: indicates modifiers are not applicable to these codes

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Description	Effective	Method	Fee	Fee with Modifier SH	Fee with Modifier SJ	PA
99601	HOME INFUSION/VISIT 2 HRS	08/01/2005	Fee Schedule	\$45.26			
99602	HOME INFUSION EACH ADDTL HR	08/01/2005	Fee Schedule	\$22.28			
S5498	HIT SIMPLE CATH CARE	08/01/2011	Fee Schedule	\$11.05			
S5501	HIT COMPLEX CATH CARE	08/01/2011	Fee Schedule	\$16.57			
S5502	HIT INTERIM CATH CARE	08/01/2011	Fee Schedule	\$16.57			
S9326	HIT CONT PAIN PER DIEM	08/01/2011	Fee Schedule	\$105.48	\$84.38	\$79.11	Y
S9327	HIT INT PAIN PER DIEM	08/01/2011	Fee Schedule	\$105.48	\$84.38	\$79.11	Y
S9328	HIT PAIN IMP PUMP DIEM	08/01/2011	Fee Schedule	\$120.54	\$96.43	\$90.41	Y
S9330	HIT CONT CHEM DIEM	08/01/2011	Fee Schedule	\$150.68	\$120.54	\$113.00	Y
S9331	HIT INTERMIT CHEMO DIEM	08/01/2011	Fee Schedule	\$150.68	\$120.54	\$113.00	Y
S9336	HIT CONT ANTICOAG DIEM	08/01/2011	Fee Schedule	\$105.48	\$84.38	\$79.11	Y
S9338	HIT IMMUNOTHERAPY DIEM	08/01/2011	Fee Schedule	\$76.84	\$61.48	\$57.63	Y
S9346	HIT ALPHA-1-PROTEINAS DIEM	08/01/2011	Fee Schedule	\$125.57	\$100.45	\$94.17	Y
S9347	HIT LONGTERM INFUSION DIEM	08/01/2011	Fee Schedule	\$125.57	\$100.45	\$94.17	
S9348	HIT SYMPATHOMIM DIEM	08/01/2011	Fee Schedule	\$115.52	\$92.41	\$86.64	Y
S9349	HIT TOCOLYSIS DIEM	08/01/2011	Fee Schedule	\$125.57	\$100.45	\$94.17	
S9351	HIT CONT ANTIEMETIC DIEM	08/01/2011	Fee Schedule	\$125.57	\$100.45	\$94.17	Y
S9355	HIT CHELATION DIEM	08/01/2011	Fee Schedule	\$125.57	\$100.45	\$94.17	Y
S9359	HIT ANTI-TNF PER DIEM	08/01/2011	Fee Schedule	\$106.48	\$85.18	\$79.86	Y
S9363	HIT ANTI-SPASMOTIC DIEM	08/01/2011	Fee Schedule	\$125.57	\$100.45	\$94.17	Y
S9365	HIT TPN 1 LITER DIEM	08/01/2011	Fee Schedule	\$253.95	\$202.88	\$190.20	Y
S9366	HIT TPN 2 LITER DIEM	08/01/2011	Fee Schedule	\$271.00	\$216.80	\$203.25	Y
S9367	HIT TPN 3 LITER DIEM	08/01/2011	Fee Schedule	\$300.98	\$240.79	\$225.73	Y
S9368	HIT TPN OVER 3L DIEM	08/01/2011	Fee Schedule	\$320.19	\$256.15	\$240.14	Y
S9374	HIT HYDRA 1 LITER DIEM	08/01/2011	Fee Schedule	\$37.57	\$30.06	\$28.18	
S9375	HIT HYDRA 2 LITER DIEM	08/01/2011	Fee Schedule	\$44.20	\$35.36	\$33.15	
S9376	HIT HYDRA 3 LITER DIEM	08/01/2011	Fee Schedule	\$50.97	\$40.67	\$38.12	
S9377	HIT HYDRA OVER 3L DIEM	08/01/2011	Fee Schedule	\$66.30	\$53.04	\$49.73	
S9379	HIT NOC PER DIEM	04/01/2004	By Report	\$0.00	\$0.00	\$0.00	Y
S9490	HIT CORTICOSTERIOD PER DIEM	08/01/2011	Fee Schedule	\$125.74	\$100.45	\$94.17	
S9497	HIT ANTIBIOTIC Q3H DIEM	08/01/2011	Fee Schedule	\$150.68	\$120.54	\$113.00	Y
S9500	HIT ANTIBIOTIC Q24H DIEM	08/01/2011	Fee Schedule	\$125.74	\$100.45	\$94.17	Y
S9501	HIT ANTIBIOTIC Q12H DIEM	08/01/2011	Fee Schedule	\$140.63	\$112.50	\$105.48	Y
S9502	HIT ANTIBIOTIC Q8H DIEM	08/01/2011	Fee Schedule	\$140.63	\$112.50	\$105.48	Y
S9503	HIT ANTIBIOTIC Q6H DIEM	08/01/2011	Fee Schedule	\$150.68	\$120.54	\$113.00	Y
S9504	HIT ANTIBIOTIC Q4H DIEM	08/01/2011	Fee Schedule	\$150.68	\$120.54	\$113.00	Y